

PERMITTEE (NAME & MAILING ADDRESS)					PERMIT NUMBER				
					DATE				
NATIONAL FOREST OR GRASSLAND					RANGER DISTRICT				
APPLICATION IS HEREBY MADE FOR: (Check One)									
<input type="checkbox"/> CREDIT ON NEXT YEAR'S FEES FOR UNUSED PORTION OF _____ PERMITTED USE. <div style="text-align: center;">(Year)</div>									
<input type="checkbox"/> REFUND OF FEES FOR UNUSED PORTION OF _____ PERMITTED USE. <div style="text-align: center;">(Year)</div>									
<input type="checkbox"/> TRANSFER CREDIT TO THE ACCOUNT OF _____									
PERMITTEE ACTION					FOREST SERVICE ACTION				
ALLOTMENT	CATTLE HORSES SHEEP	NO. OF HEAD	PERIOD RANGE NOT USED		PERMITTED HMS NOT USED	RATE PER HM	AMOUNT OF CREDIT	COMPUTED BY	CHECKED BY
			FROM	TO					
TOTAL CREDIT OR REFUND									

REASON FOR LESS USE THAN PERMITTED:		
SIGNATURE OF PERMITTEE	TITLE	DATE

SIGNATURE OF RECOMMENDING OFFICER	NAME (<i>PRINT</i>)	TITLE	DATE
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SIGNATURE OF AUTHORIZED OFFICER	NAME (<i>PRINT</i>)	TITLE	DATE
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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0003. The time required to complete this information collection is estimated to average 20 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.